

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4576HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT ROSE DOMINICAN HOSPITAL - SAN MARTIN C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8280 W WARM SPRINGS ROAD LAS VEGAS, NV 89113</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 06/28/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025669 was substantiated with deficiencies cited. (See Tag 143)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 143 SS=D	<p>NAC 449.332 Discharge Planning</p> <p>1. A hospital shall: (a) Have a process for discharge planning that applies to all inpatients; and (b) Develop and carry out policies and procedures regarding the process for discharge planning.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to provide documented evidence of following the discharge policy for</p>	S 143		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 143	Continued From page 1 patient #1.  1. There was no documented evidence the patient and/or family member was involved in the process of choosing a facility for transfer.  2. There was no documented evidence employee #3 contacted the family prior to transfer.  3. The authorization for transfer record did not document the individual requested or consented to transfer.  Severity: 2                      Scope: 1	S 143		

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